## UNITED STATES DEPARTMENT OF AGRICULTURE SMALL BUSINESS INNOVATION RESEARCH SOLICITATION NO. USDA / 06-1 (OMB Approved 0524-0025)

Date Received		Phase I and Phase II Proposal Cover Sheet				Proposal No. (for USDA use only)		
SUBMITTED	Small Business Firm:							
	Mailing Address	):						
Project Title:								
Topic No. and Area (check appropriate box; see 8.1 Forests and Related Re 8.2 Plant Production and Production a	sources	8.3 Animal Production and Protection 8.4 Air, Water and Soils 8.5 Food Science and Nutrition 8.6 Rural and Community Development 8.7 Aquaculture 8.8 Industrial Applications 8.9 Marketing and Trade 8.10 Wildlife 8.10 Wildlife						
Amount Requested: (\$)			Proposed Duration (Mos.): Congressional District No.:			trict No.:	YES	NO
1. The above concern certifies that it meets the first two criteria of a small business concern as stated in this solicitation or that it will meet that definition at time of award. (See subsection 2.11).								
2. The above concern certifies that it qualifies as a socially and economically disadvantaged small business as defined in this solicitation (See subsection 2.13). (For statistical purposes only).								
3. The above concern certifies that it qualifies as a women-owned small business as defined in this solicitation (See subsection 2.16). (For statistical purposes only).								
4. The above concern certifies that the business concern qualifies as a HUBZone-owned small business concern and meets the definition as stated in the solicitation (See section 2.4). (For statistical purposes only).								
5. Is the above concern affiliated with another concern? If yes, list affiliated organization below.								
6. The above concern certifies that the Project Director's primary employment (at least 51%) will be with proposing firm at the time of any resulting award and during the conduct of the proposed research (See subsection 1.4).								
7. The above concern certifies a minimum of two-thirds of the research (phase I) or one-half the research (phase II) will be performed by this firm (See subsection 1.4).								
8. Will you permit the Government to disclose the title and technical abstract page of your proposed project, plus the name, address, and telephone number of the corporate official of your firm, if your proposal does not result in an award, to entities that may be interested in contacting you for future information?								
9. Has the applicant and/or Project Director submitted proposals for essentially equivalent work under other Federal program solicitations or received other Federal awards for essentially equivalent work? See subsection 3.3(k).								
10. Is the organization delinquent on any Federal Debt? (See subsection 5.11). (If yes, attach explanatory information).								
11. Will the work in this proposal involve recombinant DNA, living vertebrate animals, or human subjects? (If yes, complete Form CSREES-2008).								
12. Is this proposal a resubmission of a proposal submitted earlier to the USDA SBIR Program (See subsection 3.3(D)). If yes, list the proposal number								
By signing and submitting this proposal, the prospective grantee is providing the required certifications set forth in 7 CFR Part 3017, as amended, regarding Debarment and Suspension and Drug-Free Workplace; and 7 CFR Part 3018 regarding Lobbying. (Please read the Certifications and Instructions included in this solicitation before signing this form.) In addition, the prospective grantee certifies that the information contained herein is true and complete to the best of its knowledge and accepts as to any grant award, the obligation to comply with the terms and conditions of the Cooperative State Research, Education, and Extension Service in effect at the time of the award. *Submission of the Social Security Number is voluntary and will not affect the organization's eligibility for an award. However, it is an integral part of the CSREES information system and will assist in the processing of the proposal.								
PROJECT DIRECTOR				AUTHORIZED ORGANIZATIONAL REPRESENTA				
Name and Title				Name and Title	,			
Address				Address				
E-mail E-Mail								
Telephone No.	Telephone No. Fax No.			Telephone No. Fax No.				
Signature	Da	ate		Signature Date				
according to the Paperwork Reduction Ac	et of 1995, an agency m	ay not conduct or s	sponsor, and a person is not required to	respond to a collect	ion of information unless it disp	olays a valid OMB control nu	mber. The val	lid OMB

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMI control number for this information collection is 0524-0025. The time required to complete this information collection is estimated to average 1.4 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

## PROPRIETARY NOTICE (IF APPLICABLE, SEE SUBSECTION 5.4) [Check here\_\_\_\_\_\_ if applies.]

These data shall not be disclosed outside the Government and shall not be duplicated, used, or disclosed in whole or in part for any purpose other than the evaluation of this proposal. If a funding agreement is awarded to this applicant as a result of or in connection with the submission of these data, the Government shall have the right to duplicate, use, or disclose the data to the extent provided in the funding agreement and pursuant to the applicable laws. This restriction does not limit the Government's right to use information contained in the data if it is obtained from another source without restriction. The data subject to this restriction are contained on pages \_\_\_\_\_\_ of this proposal.